

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2519029
Decision Date:	02/06/2026	Hearing Date:	01/22/2026
Hearing Officer:	Susan Burgess-Cox		

Appearance for Appellant:



Appearances for MassHealth:

Lashaun Kelly & Roxana Noriega



*The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, Quincy, Massachusetts 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Premium Assistance
Decision Date:	02/06/2026	Hearing Date:	01/22/2026
MassHealth's Reps.:	Lashaun Kelly & Roxana Noriega	Appellant's Rep.:	██████
Hearing Location:	Quincy Harbor South	Aid Pending:	No

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

Through a notice dated November 26, 2025, MassHealth determined that the appellant is approved for MassHealth's Premium Assistance Program with payments beginning on the month when Premium Assistance is approved or when payments for private health insurance start coming out of your paycheck, whichever is later. (130 CMR 506.012; Exhibit 1). The Board of Hearings received a timely request for hearing on December 24, 2025. (130 CMR 610.015; Exhibit 2). An agency determination regarding the scope and amount of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined that the appellant is approved for MassHealth's Premium Assistance Program with payments beginning on the month when Premium Assistance is approved or when payments for private health insurance start coming out of her paycheck, whichever is later. (130 CMR 506.012).

Issue

Whether MassHealth was correct in determining the start date for Premium Assistance Payments.

Summary of Evidence

MassHealth had representatives from the Quincy MassHealth Enrollment Center (Quincy MEC) and Premium Assistance Unit (PAU) present at hearing. The representative from the Quincy MEC testified that the appellant is a member of a family group of four with income of \$6,093.90. The MEC representative testified that the system shows that the modified adjusted gross income (MAGI) of this family group places them at 214% of the federal poverty level.¹ Both parties agreed that the appellant had income in the amount of \$48,500 from an annual salary which equals \$4,041.67 each month and self-employment income in the amount of \$1,850. The Quincy MEC representative testified that based upon this information, the appellant and her spouse are not eligible for MassHealth but the appellant's children are eligible for MassHealth Family Assistance. The Quincy MEC representative testified that every applicant and member must obtain and maintain available health insurance as MassHealth is a payor of last resort. Failure of a member to obtain and maintain available health insurance may result in a loss or denial of eligibility.

The PAU representative testified that the appellant's current employer-sponsored insurance meets the minimum credible coverage (MCC) requirements to qualify for premium assistance (PA) payments. The PAU representative testified that the appellant is enrolled in this current employer-sponsored insurance and received premium payments beginning in November 2025.

The appellant did not dispute the fact that her employer offers insurance; she has been enrolled in the insurance since 2023; and as of the date of the eligibility decision on appeal and at hearing, the appellant was receiving premium assistance payments. The appellant was seeking PA payments dating back to 2023 when her family group was initially approved for PA. (Testimony; Exhibit 4).

The PAU representative testified that from November 2023 through the date of the decision on appeal, PAU has been trying to receive the correct information from the employer regarding the premium payment amounts so they could provide premium assistance for the appellant beginning in January 2024. The PAU could not begin payments at that time as the premium amounts on the rate sheet provided by the employer were not consistent with the amounts drawn from the appellant's pay. The PAU representative testified that they needed clarification as to why the amounts differed so they could provide the correct amount of assistance. The PAU representative testified that the employer failed to respond to their requests for clarification in 2024. The PAU

¹ The overall income amount presented by MassHealth at hearing is inconsistent with individual income amounts reported at hearing and the formula utilized to calculate income eligibility. The individual income amounts presented at hearing calculate the correct percentage amount. Utilizing the regulatory 5% disregard for a family of 4 (\$134) income of \$6,093.40 is at 222.36% of the Federal Poverty Level (FPL) [$\$5,959.40 \div \$2,680$ (100% FPL for fam of 4) = 222.36% FPL]. The income amounts reported by the agency representative of \$4,042 and \$1,850 add up to a monthly income of \$5,892. Applying the 5% disregard, this monthly countable income of \$5,758 is at 214% of the FPL. The monthly income of \$6,093.40 may have included income that the agency had on file from Target. Both parties agreed that this was no longer considered. While the issue on appeal is not income eligibility, this decision will include accurate information.

representative testified that the agency is still trying to work with the employer to obtain the correct rates for 2024 and may be able to reimburse the appellant for PA payments back to January 2024 if they receive this information.

The parties acknowledged that the agency sent and the appellant received an eligibility notice in October 2024 stating that the appellant's children are eligible for MassHealth Family Assistance. At that time, the appellant was enrolled in her employer-sponsored insurance, eligible for PA but not receiving PA payments. The appellant testified that at that time, she was working with her employer and the agency to try to resolve the issues regarding PA payments and did not know that she could appeal that decision and possibly raise the issue of not receiving PA payments at that time. The appellant testified that she did not know that she could submit a PA form on her own for the agency to review until October 2025. The appellant took this action at that time and subsequently received the eligibility decision on appeal. The appellant testified that she would have taken this action in 2024 if she knew that was possible.

Findings of Fact

Based on a preponderance of the evidence, I find the following:

1. The appellant has a household of 4.
2. The appellant's household has a monthly adjusted gross income (MAGI) of \$5,892.
3. The appellant's MAGI places her household at 214% of the federal poverty level.
4. The appellant has access to private insurance.
5. The appellant's private insurance meets the minimal credible coverage requirements for the appellant to receive premium assistance.
6. As of the hearing date, the appellant's family was enrolled in the private insurance.
7. On May 12, 2023, the benefits of the appellant's child changed from MassHealth Standard to MassHealth Family Assistance.
8. In October 2023, MassHealth determined that the appellant was eligible for PA.
9. In October 2023, MassHealth issued a notice to the appellant's employer informing them that she was eligible for PA and that they should make necessary arrangements to allow in one of their employer-sponsored insurance plans.
10. The appellant enrolled in one of the employer-sponsored insurance plans in 2023.

11. The appellant's children have been eligible for premium assistance since 2023.
12. On October 12, 2024, MassHealth redetermined the appellant's children eligible for MassHealth Family Assistance.
13. The appellant did not appeal that decision.
14. The appellant did not receive PA payments until 2025.

Analysis and Conclusions of Law

MassHealth is the payer of last resort and pays for health care and related services only when no other source of payment is available, except as otherwise required by federal law. (130 CMR 503.007). Every applicant and member must obtain and maintain available health insurance in accordance with 130 CMR 505.000: Health Care Reform: MassHealth: Coverage Types. (130 CMR 503.007(A)). Failure to do so may result in loss or denial of eligibility unless the applicant or member is:

- (a) receiving MassHealth Standard or MassHealth CommonHealth; and
- (b) younger than 21 years of age or pregnant. (130 CMR 503.007(A)).

No one in the appellant's family group is receiving MassHealth Standard or CommonHealth. The appellant's children are eligible for MassHealth Family Assistance.

At issue on appeal is not the appellant's eligibility for PA but the coverage start date. The parties agree that the appellant's employer-sponsored insurance meets the criteria described at 130 CMR 506.012. (130 CMR 505.005(B)(2)(b)2.a.). The parties agree that the appellant's family has been enrolled in that plan since the initial eligibility decision in 2023. However, the appellant's employer did not cooperate with the agency to allow the appellant to receive PA payments.

The start date for PA payments for individuals eligible for MassHealth Standard, MassHealth CommonHealth, MassHealth Family Assistance, and MassHealth CarePlus is described at 130 CMR 506.012(F)(1)(d). (130 CMR 502.006(C)(2)). Pursuant to 130 CMR 506.012(f)(1)(d), PA payments begin in the month of the MassHealth PA eligibility determination or in the month that health insurance deductions begin, whichever is later. In this case, the PA payments listed in the notice on appeal began at the appropriate time.

The appellant was not challenging the time standards of the eligibility decision on appeal. Instead, both parties were seeking to cover PA payments back to 2024. The parties agreed that notices were issued by the agency and received by the appellant from 2023 to 2024. The appellant did not appeal those decisions. The Board of Hearings is limited in what they can address at a hearing due to time limitations on filing an appeal.

The regulations governing the fair hearing process specifically state that the Board of Hearings must receive a request for a fair hearing within 60 days after an applicant or member receives written notice from the MassHealth agency of the intended action. (130 CMR 610.015(B)). In the absence of evidence or testimony to the contrary, it will be presumed that the notice was received on the fifth day after mailing. (130 CMR 610.015(B)(1)).

Pursuant to 130 CMR 610.015(B)(2)(c), unless waived by the Director, an individual may have up to 120 days for the Board of Hearings to receive an appeal when MassHealth fails to send written notice of the action. The appellant specifically admitted to receiving all correspondence issued by MassHealth including the October 2024 eligibility notice. The appellant admitted that she did not appeal that notice.

The only notice for consideration in this appeal was issued on November 26, 2025 approving the appellant's children eligible for PA payments.

The decision made by MassHealth regarding eligibility for PA as of November 2025 is correct.

This appeal is denied.

Order for MassHealth

None.

Notification of Your Right to Appeal to Court

If you disagree with this decision, you have the right to appeal to Court in accordance with Chapter 30A of the Massachusetts General Laws. To appeal, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

Susan Burgess-Cox
Hearing Officer
Board of Hearings

MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171